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APR 05 2007

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21553 7590 02/22/2007

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Karin Smith	(Depositor's name)
<i>Karin Smith</i>	(Signature)
April 5, 2007	(Date)

APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
10/523,138	01/31/2005	Reinhold Hagel	4815/PCT	6104

TITLE OF INVENTION: REGULATING THE MODE OF OPERATION OF AN INTERNAL COMBUSTION ENGINE

04/06/2007 TBESHAK2 00000024 10523138

APPLN. TYPE	SMALL ENTITY	ISSUE FEE DUE	PUBLICATION FEE DUE	PREV. PAYD ISSUE FEE	TOTAL FEE(S) DUE	DEPO. FEE DUE
nonprovisional	NO	\$1400	\$300	\$0	\$1700	300.00 OP 05/22/2007

EXAMINER	ART UNIT	CLASS-SUBCLASS
HOANG, JOHNNY H	3747	701-104000

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.563). Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached. "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required.

2. For printing on the patent front page, list
 the names of up to 3 registered patent attorneys or agents OR, alternatively,
 the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.

W. F. Fasse
2. W. G. Fasse
3.

3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE

(B) RESIDENCE: (CITY and STATE OR COUNTRY)

Conti Temic microelectronic GmbH Nuernberg, Fed. Rep. of Germany

Please check the appropriate assignee category or categories (will not be printed on the patent): Individual Corporation or other private group entity Government

4a. The following fee(s) are submitted:

Issue Fee
 Publication Fee (No small entity discount permitted)
 Advance Order - # of Copies *deficiency:* Payment of Fee(s): (Please first reapply any previously paid issue fee shown above)
 A check is enclosed.
 Payment by credit card. Form PTO-2038 is attached.
 The Director is hereby authorized to charge the required fee(s), any deficiency, or credit any overpayment, to Deposit Account Number 50-0507 (enclose an extra copy of this form).

5. Change in Entity Status (from status indicated above)

a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27. b. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(g)(2).

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Authorized Signature *Walter F. Fasse*

Date April 5, 2007

Typed or printed name Walter F. Fasse

Registration No. 36132

This collection of information is required by 37 CFR 1.311. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, Virginia 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, Virginia 22313-1450.

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WALTER F. FASSE

WOLFGANG G. FASSE
Of Counsel**TELEFAX COVER SHEET**

DATE: April 5, 2007

TO: MS ISSUE FEE
COMMISSIONER FOR PATENTS

FAX NO.: 571-273-2885

FROM: WALTER F. FASSE, ESQ.
FASSE PATENT ATTORNEYS, P.A.RE: Applicant: Reinhold HAGEL et al. Our Case No: 4815
USSN: 10/523,138
Filed: January 31, 2005
Title: REGULATING THE MODE OF OPERATION OF AN INTERNAL
COMBUSTION ENGINETOTAL NUMBER OF SHEETS BY TELEFAX: 3 (INCLUDING COVER SHEET)

NOTE: We are enclosing:

- a) Issue Fee / Publication Fee Transmittal (Form PTOL-85);
- b) Credit Card Payment (Form PTO-2038) (\$1700.00);
- c) ~~Transmittal of Supplemental Declaration;~~
- d) ~~Supplemental Declaration.~~

W.F.Fasse
CERTIFICATE OF FAX TRANSMISSION: Karin Smith
Reg. No.: 36132

I hereby certify that this correspondence with all indicated enclosures is being transmitted by telefax to 571-273-2885 on the date indicated below, and is addressed to:
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Karin Smith - April 5, 2007

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